

MAR 13 2002

SECTION 13 – 510(k) SUMMARY

K012983

Date of Application: August 31, 2000**Applicant's Name and Address:**

Acist Medical Systems, Inc.
7450 Flying Cloud Drive
Suite 150
Eden Prairie, MN 55344

Name of Contact Person:

Carl M. Beaurline
Vice President, Quality Assurance / Regulatory Affairs

Telephone and Fax Numbers:

Telephone – (612) 995-9319
Fax – (612) 941-4648

Proprietary Name: Acist 4 French Angiographic Catheter**Common Name:** Angiographic Catheter**Classification Name:** Diagnostic Intravascular Catheter**Classification Number:** 870.1200**Class:** II**Classification Panel:** Cardiovascular**Product Code:** DQO**Predicate Device:** Cordis Infinity Sones Angiographic Catheter

Device Description:

The Acist 4 French Angiographic Catheter is intended for use in the delivery of radiopaque contrast media to selected sites in the vascular system.

It is a single-lumen catheter manufactured primarily from a radiopaque plastic tube that has an encapsulated stainless steel wire braid to provide strength for injection pressures up to 1200 psi / 8275 kPa. The proximal end of the device incorporates a strain relief with a female plastic Luer hub for injection to the injection source. The stem and tip sections are radiopaque and are permanently formed to a variety of shapes to facilitate use in various parts of the patient's vasculature. The non-tapered soft distal tip has end and angled multiple side-holes to balance the injection force and stabilize tip position.

The device is packaged in a Tyvek-to-poly pouch, sterilized by a validated Ethylene Oxide sterilization cycle, and sold for single use only within a 24-month shelf life.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR 13 2002

Mr. Carl M. Beaurline
Vice President, Quality Assurance/Regulatory Affairs
Acist Medical Systems, Inc.
7450 Flying Cloud Drive, Suite 150
Eden Prairie, MN 55344

Re: K012983
Acist 4 French Angiographic Catheter
Regulation Number: 21 CFR 870.1200
Regulation Name: Diagnostic intravascular catheter.
Regulatory Class: Class II
Product Code: DQO
Dated: December 31, 2001
Received: January 14, 2002

Dear Mr. Beaurline:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

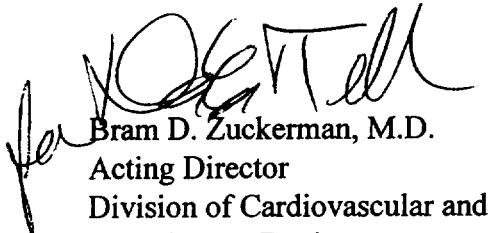
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Mr. Carl M. Beaurline

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4586. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bram D. Zuckerman", is written over the typed name and title.

Bram D. Zuckerman, M.D.
Acting Director
Division of Cardiovascular and
Respiratory Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

SECTION 6 – STATEMENT OF INDICATIONS FOR USE / LABELING**PART A - INDICATIONS FOR USE FORM**

Page ____ of ____


510(k) Number: **K 012983**Device Name: **Acist 4 French Angiographic Catheter**

Indications for Use:

The Acist 4 French Angiographic Catheter is intended for use to deliver radiopaque contrast medium to selected sites in the vasculature.

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


Division of Cardiovascular & Respiratory Devices
510(k) Number **K012983**

Prescription Use ☒
(Per 21 CFR 801.109)

OR

Over-The-Counter Use _____
(Optional Format 1-2-96)